

Heart Association also states that 80% of all strokes are caused by a clot. Despite this, the use of clot-busting drugs, tissue plasminogen activator (tPA) for stroke is infrequent. Poor compliance with tPA treatment guidelines can lead to high rates of life-threatening complications.

Telemedicine, including telephone use, has been used to increase tPA administration rates. However, the lack of reliable information from the remote site has prevented many stroke specialists from prescribing tPA treatment over the telephone. Transfer of patients to regional hospitals by helicopter and ground transportation is a costly treatment option. The utilization of tPA in the treatment of stroke must occur within a 3-hour window after symptom onset and critical time can be lost in the transfer process. Recent analyses show that the shorter the onset to treatment time (OTT), the better the functional outcome<sup>31</sup>.

Utilizing expanded connectivity provided by the Indiana Health Network, care for Indiana's rural stroke victims could be greatly enhanced. Electronic medical records, tele-radiology, and secure clinical messaging platforms could all merge to help treat the thousands of stroke victims in Indiana.

*Tele-education Offerings:* The concept of tele-education is the dissemination of teaching and learning opportunities to a broad audience by transmission over high bandwidth connections. These broadcasts typically cover a wide range of clinical services. Most clinical staff has an employer-imposed education credit requirement or state mandate to obtain education hours in order to maintain licensure. Due to their hectic schedules and busy lifestyles, medical providers often find it difficult to get away for a conference to stay updated on medical practices. Tele-education helps providers obtain necessary education credits without the burden of costly travel.

This concept is often commonly applied to provide patient education in remote settings where patients would otherwise go without due to barriers such as lack of services and lengthy travel times. One example of this is the provision of diabetic education by tele-education programs. It is uncommon to find a diabetic educator in remote or rural areas of Indiana. Multiple programs throughout the state are using this service as a way to reach the growing number of diabetic patients across Indiana who are desperately in need of education.

### **Telehealth Applications Being Implemented in Indiana & Opportunities for Expansion:**

Information in this portion of the application was provided by Beck'nCall in a report commissioned by the Indiana State Department of Health State Office of Rural Health in preparation for this application. Data was gathered in a collaborative effort to provide background information and recommendations for advancing the use of telehealth and other information technologies to:

- Improve the quality and administration of medical services;
- Strengthen rural physicians' ties to specialty care providers;
- Increase the ability to diagnose patients' illnesses;

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<sup>31</sup> Hess, DC, Wang S, Hamilton W, Lee S, Pardue C, Waller JL, Hartmut G, Nichols F, Hall C, Adams RJ, Clinical Feasibility of Rural Telestroke Network. *Stroke*, 2005; 36: 2018.

- Alleviate the isolation of rural primary care providers;
- Enhance the ability to attract and retain primary care physicians, medical professionals and support staff;
- Facilitate the training of health care professionals in rural communities; and
- Enable patients to stay close to home for their care.

A number of telehealth networks are already in operation in the state of Indiana. Two of the major medical providers in Indianapolis, Clarian Health Partners and St. Vincent Hospital have been consistent leaders in deploying these technologies. Multiple Indiana health systems are using interactive videoconferencing as a mechanism to promote continuing education and leverage incumbent medical expertise throughout entire networks. Using videoconferencing technology for telemedicine or tele-consultations has been less widespread in Indiana, but is growing rapidly. A tele-inventory chart has been included in Appendix I on page 119, which indicates the telehealth application being implemented across the State of Indiana<sup>32</sup>.

### **St. Vincent Hospital**

St. Vincent Health is a 16 hospital - \$2 billion health care delivery system in central Indiana. It operates in 45 counties, and its' hospital operations includes **six** (6) critical access hospitals in health professional shortage / medically under-served areas of Indiana. The St. Vincent Health Telehealth Program started back in 2001 with a grant award from the USDA-Rural Utility Service for \$201,000. The program consists of three elements: 1) Distance Education technologies, 2) Distance Medicine applications, and 3) Meeting and Travel management. In 2005, an additional USDA - Rural Utility Service grant was awarded to St. Vincent totaling over \$420,000 to further develop the Distance Education applications. The Indiana Office of Rural Health also supported the distance education program development with grants totaling over \$170,000 in 2004 and 2005. Since inception, the distance education program has delivered over 10,000 hours of continuing education to the health network associates. The program received special innovation recognition by the USDA-Rural Utility Service in 2005 as a model program for delivering continuing medical education to both physicians and clinical support staff spread throughout a large geography. St. Vincent Indianapolis and Cincinnati Children's Hospital collaborate on continuing medical education grand rounds monthly via videoconference. Lastly, St. Vincent Orthopedics Hospital provides surgical training and continuing education to physicians nationally and beyond via a videoconferencing connection into the operating room of Dr. Jeff Pierson, Orthopedic Surgeon. Similar surgical training and continuing education is being planned in the St. Vincent sponsored Indiana Neurosciences Institute in 2008.

Secondly, the St. Vincent Telehealth - Distance Medicine program began in 2003 with the launch of four (4) tele-peds cardiology programs with other regional medical centers throughout Indiana. A vibrant, innovative tele-radiology - PACS system connects over 80% of the delivery system via a local area network (LAN) which connects clinicians throughout the 16 hospitals back to radiology specialists located at St. Vincent at Indianapolis. In 2004, St. Vincent Randolph in Winchester launched a tele-psychiatry program in conjunction with the St. Vincent Stress Center in Indianapolis. In 2005, St. Vincent Mercy Hospital in Elwood launched a similar tele-psychiatry program in conjunction with Saint John's Anderson Center in Anderson. In 2006,

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<sup>32</sup> Beck & Neufeld, April 2007.

a telemedicine link was installed to connect a nurse practitioner in rural Clay City with a MD collaboration partner located 30 miles away in Brazil, IN. to support live, interactive physician consultations. In 2007, St. Vincent Frankfort developed a remote tele-OB (obstetrics) program to support one rural, isolated OB physician with live, interactive remote ultrasound studies to help with high-risk pregnancy management.

A similar program is being planned at St. Vincent Randolph Hospital in Winchester. Other telemedicine applications developed during this time include a tele-neurology program between St. Vincent Children's Hospital and St. Mary's Hospital in Evansville.

St. Vincent New Hope provides health care services to MR / DD clientele in over 40 locations throughout central Indiana, and is currently participating in a demonstration study with Indiana Medicaid on how costs of care can be reduced using remote videoconferencing and remote monitoring. St. Vincent Home Care received over \$150,000 in 2006/07 to launch a "new systems of care" demonstration project that targets improved care management of CHF patients in the home care setting using state-of-art home monitoring technology. This remote monitoring telehealth project has already served over 100 patients and early results show reduced hospitalizations, reduced emergency department visits, improved patient and physician satisfaction, and improved patient data to support clinical decision-making.

### **Clarian Health Partners – Telemedicine Program Summary**

Clarian Telemedicine started in 2003 as Riley Connections, a program of Riley Hospital for Children and Clarian Health Partners. Riley Connections was funded by The Department of Health and Human Services and administered by The Office for the Advancement of Telehealth (OAT), a division within the Health Resources and Services Administration (HRSA). This grant ended in June 2006. Clarian has made this program a permanent department of Clarian Health. Clarian Telemedicine is a hub based out of three downtown Indianapolis hospitals, and consists of three staff members, a program director, coordinator, and specialist. In addition, a multi disciplinary team consisting of an information services technician, IS customer relationship manager, legal counsel, and medical director also assist the telemedicine department.

Clarian Telemedicine offers three types of telemedicine applications: live and interactive consults, continuing medical education and file transfer. The first clinic was successfully launched in 2004. Over 600 live and interactive clinical consults and 1000s of file transfers have been completed to date. Clarian Telemedicine utilizes video conferencing, digital stethoscopes, and exam camera technologies. The program has grown to include multiple clinical applications including:

- Pediatric Urology
- Pediatric Dermatology
- Pediatric Neurology – EEGs
- Developmental Pediatrics
- Adolescent Psychiatry
- Pediatric Endocrinology
- Cystic Fibrosis-Related Diabetes
- Pulmonary Sleep Studies

- Adult Neurology
- Plastic Surgery

Clinical professionals at spoke sites may complete their continuing medical education requirements using the same video technology to virtually attend clinical educational events from Clarian and Indiana University School of Medicine (IUSOM). Events include grand rounds, case reviews, and conference formats. In addition, emergency medical education to several EMS departments allowing paramedics and emergency medical technicians to maintain their certification is provided. Spoke sites may also participate in file transfer. Currently, Clarian facilitates EEG, Echo, and Sleep Study interpretation through file transfer.

Clarian Telemedicine started with three spoke sites in Evansville, Terre Haute, and Bedford, Indiana. The program has expanded to a total of seven sites including Tipton, Ft. Wayne, South Bend, and Martinsville, Indiana. There are currently three spoke sites in development. Clarian Telemedicine is connected to spoke sites via secure T-1 lines and secure business to business internet tunnels. In addition, Clarian utilizes technology in their e-icu and their homecare area with home tele-monitoring.

Below are data and statistics regarding the impact and value of Clarian's telemedicine program:

- 698- Live Consults to Date
- 221,644- Patient Drive Miles Saved
- \$97,523- Patient Cost Savings at 44 cents a mile
- 1513 providers have attended a CME event via video conference
- 267,430- Provider Drive Miles Saved
- \$117,669- Provider Cost Savings at 44 cents a mile
- Total Savings for Patients and Providers- \$364,953
- Serve patients from 37 counties in Indiana, Illinois, and Kentucky
- 77% of our patients save taking a day off of work
- 98% percent of our patients would recommend telemedicine to a friend.

### **Richard G. Lugar Center for Rural Health**

Union Hospital's Richard G. Lugar Center for Rural Health, formerly Midwest Center for Rural Health, started Indiana's first store-and forward telemedicine program in December of 1999. The Lugar Center has a distinguished history of serving rural communities through research and training of rural healthcare providers. The mission of the Richard G. Lugar Center for Rural Health is to prepare and train primary care physicians and to expose individuals not yet decided on a career to the rewards of delivering health care services in a rural area.

The Lugar Center's innovative rural training program incorporates cutting edge technology, including electronic medical records, handheld computers, and training on various types of telemedicine technology.

The Lugar Center has operated a store-forward telemedicine program called RuralConsult.com. This unique program allows a provider anywhere in the world to have access to specialty consults over a unique store-and-forward platform. The program has completed over 370 consultations since inception and has utilized specialists in the fields of dermatology, obstetrics,

gynecology, neurology, gastroenterology, geriatrics, clinical toxicology, endocrinology, pediatric neurology, pediatric endocrinology, and pediatric cardiology. The program has over 150 enrolled users around the state and will work over a 56kbps dial-up connection.

The Indiana State Department of Health recently awarded funding to The Richard G. Lugar Center for Rural Health in an effort to expand the usage of telemedicine for the provision of mental health services. The project links a county correctional facility and a critical access hospital to a community mental health center. This is the first state funded project of this kind in Indiana. The Indiana State Department of health awaits the evaluation of this network and plans to expand it to include additional critical access hospitals for which expanded connectivity will be essential.

### **Community Health Partners**

Community Health Partners is now using telemedicine consultations to improve their emergency department's delivery of mental health services. Getting mental health consultations in the emergency department (ED) has been an ongoing challenge for many hospitals. Because of widespread shortages of behavioral health specialists and the large fluctuations in case volume, it is difficult for hospitals to provide consistently adequate staffing, especially during evening and nighttime hours. At those times when a behavioral health on-call specialist is not available, extensive delays in the ED are likely and further costs may be incurred by the need to provide necessary holding areas.

Instead of staffing the mental health professionals at each hospital, Community Health Partners is using video consultations to deliver the services of a centralized specialist to all of the facilities in the network. This virtual coverage allows member hospitals to better triage patients and saves time when determining best treatment options. This system in operation since second quarter of 2006, is currently being employed between the Community North and Community South campuses. To date, the service has been used for at least 50 patient consultations and has helped to avoid several expensive ambulance transfers.

### **St. Francis Hospital**

St. Francis Hospitals and Health Centers, based in Beech Grove, are currently implementing a Baby Wellness Program that will aim to improve the care of newborns. The system will enable live video connections between an OB/Gyn physician at the Beech Grove campus and three other St. Francis Hospitals in Indianapolis, Mooresville, and Plainfield. These video appointments will allow nurses and nurse assistants at these hospitals to consult with the off-site OB specialist. Diagnostic-grade cameras will allow the OB physician to visually assess the newborn and have real time communication with the extended family members. This service will provide the regional hospitals and patients with OB specific expertise that was not previously available. This service may help families avoid additional physician visits and may help the network better manage patient flow, ultimately leading to fewer patient transfers.

### **Veterans Affairs Medical Center**

The Veterans Affairs Medical Center (VA) has been a longtime national leader in using telemedicine to care for United States veterans. At a local level, the VA medical Center in Indianapolis has used telemedicine extensively to monitor home-based patients. Using the plain

old telephone system or POTS lines, nurses can remotely monitor patients with diabetes, congestive heart failure, COPD, hypertension, and those in need of palliative care. The program has resulted in improved diabetic control, blood pressure management and has realized significant reductions in hospitalizations for CHF and COPD patients.

The VA has also received national recognition for their diabetic eye screening program. This service allows patients to visit remote clinics for retinal imaging and has resulted in a 93% reduction in the amount of travel required to Indianapolis. These solutions require very little infrastructure investment while still delivering the full benefits of traditional telemedicine and reducing the frequency of on-site care. The Indianapolis VA is also planning to use telemedicine to deliver mental health and dermatology consultations in the next year.

### **Intensive Care Telemedicine (eICU)**

A number of health care organizations across the country, including Parkview Health in Fort Wayne and Clarian Health Partners in Indianapolis, have begun employing intensivists at one centralized location to remotely monitor intensive care patients from numerous sites. In this scenario, telemedicine allows off-site intensivists to remotely monitor multiple patients at different locations from a single command center while maintaining regular communications with intensive care (ICU) unit nursing staff via video cameras and monitors in patients' rooms. The eICU care team uses software alerts to track patient vital trends and intervene before complications occur. According to one provider of these systems, studies have shown that this type of care model can reduce ICU mortality by 25% while simultaneously cutting costs. Along with Clarian and Parkview, several other Indiana providers are evaluating this application.

### **Progress Toward Developing/Improving Payment Mechanisms for Telemedicine:**

In May of 2005 a group of telemedicine and telehealth advocates joined together to form the Indiana Telehealth Advisory Consortium (TAC). This group is run solely on volunteer effort and has 20 members from more than 15 different private and state organizations. The TAC's mission is to look for ways to leverage and expand the use of telehealth technologies in Indiana, so that more Hoosiers are able to realize the benefits. Specifically, the TAC has identified three objectives: (1) Collaborate with state and local organizations to pool resources that may be used to facilitate telehealth and telemedicine applications, (2) Advance telehealth policy in the state of Indiana as well as help develop statewide telehealth initiatives, and (3) Provide educational resources to help others implement telehealth programs.

The TAC and its members have worked very hard in collaboration with the Indiana State Department of Health and the Indiana Medicaid Office on a reimbursement policy. On April 3<sup>rd</sup> 2007 The Office of the Secretary of Family and Social Services signed its final ruling to reimburse for telemedicine services. Until recently the, the absence of Medicaid reimbursement in Indiana and the reluctance of other payers to compensate tele-consultations was a major barrier to widespread adoption.

The TAC continues their collaborative effort to spread telehealth. In partnership with the Indiana State Office of Rural Health and the Indiana Rural Health Association, the TAC has agreed to organize a telehealth training track. The telehealth training track will be presented at

the Indiana Rural Health Associations annual conference in June of 2007 to educate attendees on telehealth applications.

In addition to providing educational opportunities for partners around the state, the TAC continues to push the issue of reimbursement. Realizing that the adoption of telehealth technologies will be fostered by developing a climate of enhanced reimbursement by Indiana payers, TAC members are working to educate these payers on the benefits of reimbursing for telehealth services.

◆ **INDICATE HOW THE TELEMEDICINE PROGRAM WILL BE COORDINATED THROUGHOUT THE STATE OR REGION.<sup>33</sup> (REQUIREMENT 10)**

**Coordination of the Telemedicine Programs:**

Indiana does not intend to establish a state network with one organization that coordinates all telehealth activity. Due to established patterns of patient provider relationships, this type of organization would not foster existing partnerships and collaboration around the state. Individual regions and health systems will be encouraged to utilize the network to establish hub and spoke models of coordinated care to their respective rural service areas. The individual hub sites will coordinate the development of their own models to meet their individual health system needs. Given the pool of resources in Indianapolis capable of providing world-class specialty and sub-specialty care, and the collaborative environment in Indiana, it is likely that rural areas will work with their urban counterparts to supply the services lacking in rural areas. This model will foster economic development in the rural communities by keeping ancillary services in the rural areas as well as supporting the overall healthcare infrastructure that has proven so vital across rural America. The development of telemedicine will likely occur one hospital at a time; one provider at a time; one specialty at a time. Therefore, we plan to position the Partner Organizations of the FCC proposal in such a way as to provide technical support and consultation regarding network design. The Partner Organizations also plan to network heavily with other State and National level organizations and to direct telehealth providers to the vast number of resources available. This will include local organizations like the Indiana Telehealth Advisory Consortium and national partners like the American Telemedicine Association that specializes in supporting telemedicine application / user groups and can also provide an extensive 'toolbox' of resources to providers just starting a telemedicine program. Program structure and function varies widely across the United States, as well as nationally. Indiana's telemedicine program development will not be any different, and will vary depending on provider acceptance and depend on the applications that make the most sense for Indiana.

Within the management structure of the Indiana Health Network, the leadership will assemble a "Telehealth Applications Committee". The group will be chartered upon successful FCC grant award. We anticipate this group will represent the State's CAH providers, existing telemedicine users, and will deal with provider education and acceptance of new telemedicine applications.

Activities to be included will be hospital connectivity and use of the network to further develop innovative uses of telemedicine, health information exchange, distance education, distance medicine, emergency preparedness. This committee will also be facilitated by the Telehealth

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<sup>33</sup> Federal Communications Commission. Rural Health Care Support Mechanism. WC Docket No. 02-60 September 2006. page 7.

Advisory Consortium, which represents and consults with groups that work in and around telecommunications as well as healthcare. Additionally, The Indiana Health & Hospital Association's Rural Health Council will have representation in the consortium and will serve as an additional tool to facilitate participation and communications around the Indiana Health Network multi-year project roll-out.

Physician Credentialing Guidelines for Telemedicine Implementation:

Health care providers that engage in the provision of health care via telemedicine are subject to regulations and policies that insure the provision of health care quality and standards. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) addresses telemedicine in the Medical Staff section of their Comprehensive Accreditation Manual for Hospitals (CAMH) in Medical Staff section (MS.4.120 - MS.4.130). JCAHO recognizes the American Telemedicine Association definition of telemedicine and identifies "Standards" for each category (evaluated as compliant or not compliant) and "Elements of Performance" for each standard on a 0-2 scale.

- 0 Insufficient Compliance:
- 1 Partial Compliance
- 2 Satisfactory Compliance

JCAHO requires that providers at the hub site or distant site also be credentialed at the spoke site or originating site in one of three ways:

- The spoke or originating site can fully credential the provider
- The spoke or originating site can use the distant or hub site information to credential the provider
- The originating or spoke site can delegate credentialing to the distant or hub site if the hub site is JCAHO accredited.

In addition JCAHO requires in MS.4.130 that the medical staff recommend the clinical services to be provided via telemedicine and these services must be consistent with commonly accepted quality standards. Health care facilities that choose to implement telemedicine as a part of the Indiana Health Network, as either a Hub/distant sites or Originating/spoke sites will need to develop a telemedicine medical staff policy to facilitate the credentialing process. The *Indiana Health Network* will work to advise hospitals and other health care providers on the credentialing processes for telemedicine that will enable implementation of these services.

◆ **PROVIDE A PROJECT MANAGEMENT PLAN OUTLINING THE PROJECT'S LEADERSHIP AND MANAGEMENT STRUCTURE.<sup>34</sup> (REQUIREMENT 9)**

**Resources and Capabilities of the Network:**

**Plans for Network Self-Governance:**

The Indiana Rural Health Association will be responsible for management, growth, continued funding and sustainability of the network. The Indiana Rural Health Association will work in collaboration with the identified co-applicant organizations to successfully address each of these

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<sup>34</sup> Federal Communications Commission. Rural Health Care Support Mechanism. WC Docket No. 02-60. September 2006. page 6.



key functions. The network member organizations that will serve as co-applicants and will provide leadership to the advisory board and committees include the following:

- Indiana Rural Health Association
- Union Hospital's Richard G. Lugar Center for Rural Health
- Bloomington Hospital/Bloomington E-Health Collaborative
- Clarian Health Partners
- St. Vincent Health
- Indiana Telecommunication Association

**An** organizational chart that shows the lines of authority and collaboration for the network has been included as Attachment J on page 120 of this document. In addition, Attachment K on page 121 indicates the placement of the Indiana Health Network committees within the network's organizational structure.

All members of the network will be responsible to the Executive Director of the Indiana Rural Health Association, co-applicant organizations, and other member of the advisory board regarding network activity implementation and requirements. The *Indiana Health Network's* advisory board will utilize at a minimum of three committees, which include a Financial Operations Committee, Technology/Network Design Committee, and Telehealth Applications Committee. A synopsis of the duties of the advisory board and each committee are listed below and a detailed charter for each committee is listed in Appendix L on pages 122 - 129.

#### *Advisory Board:*

The Indiana Health Network Advisory Board will work in conjunction with the Indiana Rural Health Association to hire the Project Director, review monthly project reports from the Project Director, review reports for all committees, assist with communication to key stakeholders, facilitate and encourage participation by network members, provide financial and programmatic oversight, monitor/encourage implementation of telehealth applications by network members; and provide regular reports to the Advisory Board.

#### *Financial Operations Committee:*

The Financial Operations Committee will work to provide an interface between the Indiana Rural Health Association's Executive Committee and Treasurer on financial operations of the network; work to insure that sufficient funding is made available to manage the project management costs associated with the network; oversee FCC related finance issues; monitor the expansion of USAC usage by Indiana's rural health care providers; review financial indicators related to the network; work to insure sustainability of the network, and provide regular reports to the Advisory Board.

#### *Technology/Network Design Committee:*

The Technology/Network Design Committee will work to develop a technology plan. To adequately develop the technology plan the committee would work to select of a network design consultant, work with the telecommunications industry on network design standards and technical requirements; Internet2 connection plans; address network administration issues; interface with other Indiana Health Network committees; and provide regular reports to the Advisory Board.

*Telehealth Applications Committee'*

The Telehealth Applications Committee will work to address technology issues experienced by participating health care providers in the implementation of telemedicine and other telehealth applications. In addition, the committee will work to encourage health care providers and organizations to participate in network activities; administer education and training regarding telemedicine applications; interact with other committees as needed; receive input from key organizational leaders regarding the needs of their members; identify ways in which the project can interface with the Indiana Office of Homeland Security and the Indiana State Department of Health regarding the development of a statewide trauma system/emergency preparedness communications; and provide regular reports to the Advisory Board.

Accountability and programmatic reporting will be the responsibility of the Executive Director and Treasurer of the Indiana Rural Health Association. Financial and programmatic accountability will be expected from all network members, and staff from the Indiana Rural Health Association will maintain documentation to this end. Lastly, all programming that occurs within and being managed by IRHA is under the authority of the Executive Director and Board of Directors.

The network members will meet a minimum of once per month for network meetings. Additional meetings of the *Indiana Health Network* advisory board and committees will be held as needed to maintain progress toward achieving the goals and objectives of the network. Decisions that are required during implementation of network activities will be made by the advisory board for the network members.

***Relationship between the Applicant Organization and Other Network Members:***

As mentioned previously, member;; of the network will be responsible to the Advisory Board, which will be composed of the Executive Director of the Indiana Rural Health Association, representatives from the co-applicant organizations, and other network members regarding network activity implementation and requirements. Fiscal accountability and programmatic reporting will be the responsibility of the Indiana Rural Health Association. Financial accountability will be expected from all network members, and IRHA will maintain documentation to this end. While IRHA is the applicant organization and will provide leadership to insure successful network planning and implementation, network members will comprise the advisory board of the Indiana Health Network, and decision making will be shared by these members.

In addition, the Advisory Board will utilize committees to further the specific strategies, objectives, and activities of the network that will be made up of representatives from multiple organizations. Through participation on these committees the network members will have an active voice in network operations and influence on important decisions and issues that impact the network. As previously mentioned a charter for each of these committees has been included in Appendix L on pages 122 - 129 and a chart that specifies the committees' relationship to the lead applicant and advisory board has been included in Appendix K on page 121.

***Commitment of Network Members:***

A selection of letters of support and commitment from network member has been included as Attachment M on pages 130 - 176. Originals of all letters of support and commitment have been retained at the Indiana Rural Health Association office.

**Shawna M. Girgis****Appendix A**  
**Resumes****3620 Austin Drive  
Bedford, Indiana 47421  
(812) 275-3007****Summary -**

Nearly six years work experience dealing with rural health initiatives in Indiana. Areas of expertise include the development of grant applications that have resulted in the receipt of funding from the local, state, and federal level; program planning; project management; fiscal oversight for individuals programs/projects; and coordinating program evaluation activities for multiple projects. Other work experiences have been in the provision of direct social services. Currently employed at the Indiana Rural Health Association as the Executive Director.

**Highlights of Professional Experience:***May 2005-Present*

Indiana Rural Health Association  
Terre Haute, Indiana

***Executive Director***

Responsible for continued development and growth of the Indiana Rural Health Association (IRHA). Duties include implementation of annual events including the IRHA annual conference, public policy forum, and regional educational forums for rural health professionals; participation in National Rural Health Association activities; fiscal oversight of the organization; advocating on behalf of Indiana's rural citizens at the state and federal level; providing technical assistance to IRHA members; and implementing other activities as deemed appropriate by the IRHA Board of Directors.

*October 2003-May 2005*

Hoosier Uplands  
Bedford, Indiana

***Southeast/South Central Indiana AHEC Director***

Responsible for development of the SE/SCI Area Health Education Center (AHEC), as well as, overall programmatic and administrative leadership of its staff. Responsible for the development and coordination of programs with academic and community partners, and implementation of assessment and evaluation activities. Accountable for compliance with the Indiana University School of Medicine, the Indiana AHEC Program Office, and HRSA.

*November 2002-December 2003*

Hoosier Uplands  
Mitchell, Indiana

***Associate Director of Strategic Development & Consulting Services***

Responsible for representing Hoosier Uplands at the state and county level as a member of the Indiana Rural Health Association, Indiana University School of Social Work Advisory Committee, and LEAD Lawrence County Committee. Other responsibilities include assisting the Director of the division in leadership roles, program evaluation activities in collaboration with outside institutions, program development, grant writing, program administration, implementation, and collaborating with other agencies to implement programs within the community.

<i>August 1999-November 2002</i>	<p>Hoosier Uplands Mitchell, Indiana <b><i>Program Development Supervisor</i></b> Responsible for planning and developing the Rural Health Professionals Training Program at the Patoka Family Health Care Center that expanded to other rural health clinics funded by the Indiana State Department of Health as well as other administrative duties connected with Hoosier Uplands rural health initiatives. Other responsibilities include program development, grant writing, and collaborating with other agencies to implement programs within Hoosier Uplands' service area.</p>
<i>May 1999-August 1999</i>	<p>Hoosier Uplands Mitchell, Indiana <b><i>Youth Services Coordinator</i></b> Responsible for the planning and implementation of the summer youth program, <i>Alternatives: Keys to Prevention</i> designed for ten to fourteen year old youth that at risk for abusing tobacco, alcohol, and other drugs. Other responsibilities include administration of an after school program and collaborating with other agencies to implement youth activities within the community.</p>
<i>August 1994-March 1998</i>	<p>Indianapolis Teen Challenge Indianapolis, Indiana <b><i>Program Director</i></b> Responsible for the daily operation of a residential group home for girls' age 13 to 18. Responsibilities included management of in-house staff, as well as facilitating individual, family and group counseling for residents and their families. Developed a sex education/abstinence program, and a therapeutic retreat for teenage survivors of sexual abuse. Designed home contracts and discharge planning for students leaving the program.</p>
<i>January 1994-August 1994</i>	<p>Koala Hospital &amp; Counseling Centers Indianapolis and Avon, Indiana <b><i>Assessment Coordinator/Office Manager</i></b> Completed initial assessments with potential clients and completed biopsychosocial assessment with new patients. Staffed a 24-hour help/crisis line, facilitated group counseling for children, and a drug education program. Maintained administrative responsibilities and other miscellaneous duties.</p>
<i>January 1993-January 1994</i>	<p>Indianapolis Teen Challenge Indianapolis, Indiana <b><i>Caseworker</i></b> Case management of residents, intake supervisor, developed thorough case histories and needs assessments for new students</p>

**Education:**

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**Indiana University School of Social Work**MSW, May 9<sup>th</sup>, 1999.*Honors: Graduating with Highest Distinction – GPA 4.0/4.0***Indiana University School of Social Work**

BSW, Minor in Psychology, May of 1993.

**Associations:**

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*May 2005 – Present*

Indiana Area Health Education Center (AHEC)

***Board Member***

Chair: January 2007 - Present

*June 2004 – Present*

Rural Voices Leadership Program

***Participant***

One of 14 participants in this year long national leadership program sponsored by the Office of Rural Health Policy and the National Rural Health Association.

Also the first participant from the State of Indiana.

*February 2004-Present*

National Rural Health Association

***Member****June 2002-June 2003*

Indiana Rural Health Association

***President****June 2002 -Present*

LEAD (Lawrence County Endeavor for Assessment Development)

***Steering Committee Member****August 2001-Present*

Indiana University School of Social Work Advisory Committee

***Advisory Committee Member****June 2001-Present*

Indiana Rural Health Association

***Board Member*****References:**

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Provided Upon Request

## **John A. Winenger, MBA, FACHE**

12650 Fuller Court Fishers, IN 46038 Phone: 317-849-1132 email: jawineng@sbcglobal.net

### **Education:**

MBA - Indiana Wesleyan University, 1993

BS - Indiana University, Public Healthcare Administration, 1984

Comprehensive Health Facility Administrator, State of Indiana, 1987 to current, #14002950

### **Relevant Experience:**

**St. Vincent Health** – Indianapolis, IN. – a Catholic, non-profit, 16 hospital delivery system covering 48 counties of central Indiana

1999  
to  
Present

#### **Position: Regional Network: Development**

**Responsibilities:** Over this period, worked with St. Vincent CEO and other executives to acquire six (6) hospitals, develop clinical affiliation agreements, develop joint ventures and implement, and responsible for creating operational and clinical integration plans with hospital administrators to implement. Responsible for initiating discussions and implementing business and clinical programs with various network partners, including system and non-system hospital CEO's, CFO's, primary care physicians & specialists, and other joint venture partners. Responsible for facilitating discussions to expand system-wide clinical services, including operations consulting, financial analysis, new and existing business development opportunities, system-level project management leadership, system-wide alternative revenue development, system-wide telemedicine program development, among others.

#### **Accomplishments:**

- Led and/or facilitated clinical program development in 7 service lines throughout 9 system hospital, and 20 other Indiana hospital locations - to grow St. Vincent presence
- Led and/or facilitated partnership & integration discussions with Suburban Health Organization (7-hospital network) on managed care, clinical services, MD recruitment, primary care integration strategies with St. Vincent
- Assisted in the development of network affiliation agreements, joint operating agreements, and creation of operational integration plans in multiple hospitals in delivery system
- Assisted in development of joint ventures, developed implementation plans (examples include surgery center in Crawfordsville, Oncology development, and new practice start-ups); led business plan development team on three Critical Access Hospital acquisitions, and developed system integration / implementation plans for clinical & administrative operations
- Provided interim administrative leadership & support at two locations
- Led development of system-wide telemedicine initiatives with physician leaders (tele-ECHO, tele-radiology, tele-psychiatry, tele-pediatrics)
- Led system-wide (rural) alternative revenue development, and added over \$1 million in State and Federal funds over 4 yr. period
- Facilitated strategic planning discussions in several markets with hospital leadership teams to better integrate St. Vincent service delivery
- Provided consultation to five (5) other Indiana (non-system) CAH Administrators and Boards regarding CAH conversion, CAH survey, approval processes, CAH cost/benefit analysis

## Page 2: Resume: John Winenger

- Personally worked with State and Federal legislators on solicitation of grants, lobbying on behalf of rural health issues, and was invited by Lt. Governor & Indiana Economic Development staff to participate in statewide strategic planning discussions in 2005-06

1997  
to  
1999

### **Position: Operations Manager – St. Vincent Primary Care Network**

**Responsibilities:** Coordinated a variety of projects for this 120 physician, 45 location physician network. Project work included practice financial assessment and analysis, practice acquisition and divestiture, new business development, budgeting, central billing office oversight & leadership on A/R reduction efforts throughout network. Developed change management strategies, KPI modeling, pay-for-performance methodology and developed system-wide MSO model for implementation.

### **Accomplishments:**

- Led network (120 employed physicians) billing office accounts receivable assessment and workflow restructuring project; Reduced per claim cost by over \$1 in 9 months; lowering costs by more than \$750K; Reduced A/R days by 25 in 6 months greatly increasing cash flow through workflow re-engineering of workflow process
- Completely restructured physician practice reporting by reducing number of practice reports from over 50 to less than 10
- Developed corporate compliance program for the network; Created a gain-sharing program for the network that focused on bad debt and A/R reduction strategies for practices
- Recruited four (4) network practice managers over 18 months
- Provided consultation and operations oversight to practice locations in Logansport and Kokomo markets; led practice development and acquisition discussions in several markets; assisted in managed care and physician contracting matters
- Led and provided direct oversight to practice operations in Randolph County market, leading to hospital acquisition discussions with St. Vincent in 1999
- Created practice performance "dashboard" concept for network and "breakeven" model for practices; Created a physician billing office "chargeback" model for the network to equitably allocate overhead throughout the network
- Coordinated network organizational improvement initiatives termed "Advance Health Project"
- Responsible for electronic medical record product assessment and recommendation

1985  
to  
1997

### **Position: Senior Administrator – Health Facility Operations**

**Responsibilities:** This executive director level position involved regional responsibilities as well as facility management of skilled nursing facilities throughout central Indiana over a 12-yr. work history. Site bed sizes ranged from 64 to 182, and services ranged from assisted living to skilled nursing / sub-acute care. Received 9 promotions in 12 years and served in administrator role in 4 different locations.



## **Jennifer N. Baron**

**8049 Bentley Bend Court**  
**Indianapolis, IN. 46259**  
**(317) 862-2686**

### **EDUCATION**

**Ball State University, Muncie, Indiana**  
*Bachelor of Science, December 1992*  
*Major: Telecommunications*  
*Minor: Marketing*

### **EXPERIENCE**

**Clarian Health, Indianapolis, IN** **05/06-Present**  
**Telemedicine Program Director**

- *Manage day to day operations of Clarian Telemedicine department*
- *Implement integration of telehealth technology into existing Clarian programs and services*
- *Work closely with Clarian statewide partners to promote the use of telehealth technology*
- *Work with telehealth colleagues to advance telehealth policy in Indiana*
- *Work closely with Clarian physicians and leadership to build and promote new telemedicine clinical offerings*
- *Work closely with IU School of Medicine CME office and Clarian physician groups to develop and promote new distance learning offerings*
- *Work with local technology vendors to identify high quality, high value telehealth technology solutions*

**Clarian Health Partners, Indianapolis, IN** **11/04-05/06**  
**Physician Liaison**

- *Work with referring physicians to facilitate additional and continued referrals to Clarian*
- *Develop an annual business plan that is strategically aligned with Clarian service lines and business strategies to most effectively target areas with the most potential for referral growth*
- *Work closely with Riley Hospital leadership to make service and process improvements as identified by referring physicians*
- *Identify areas for potential outreach in Indiana communities based on feedback from referring physicians*
- *Facilitate CME opportunities for Clarian/IUSM Physicians at hospitals in my territory*
- *Market new programs and services offered by Clarian to referring physicians*
- *Project lead for **new** technology within our physician liaison group*

- *Project lead for the development and training of a new comprehensive contact management database used by the physician liaison group*
- *Project lead for identifying data needs and facilitating receipt of data from decision support*

**Clarian Health Partners, Indianapolis, IN**

**06/01-11/04**

**Service Excellence Project Leader**

- *Worked closely with senior leaders, unit directors/managers, and department heads to help improve patient satisfaction scores with a special focus on Riley Hospital for Children*
- *Facilitated a Service Excellence Team to work on hospital wide patient satisfaction initiatives at Riley*
- *Managed a system wide Service Recovery program*
- *Managed the receipt and distribution of patient satisfaction data system wide*
- *Facilitated the Service Excellence core workshop at new hire orientation*
- *Contributed written stories on a regular basis to the nursing newsletter "The Synergist."*
- *Service Excellence representative for Family-Centered Care in the pediatric and women's services areas at all three hospitals and founding member of the executive committee which developed and led family-centered care at Clarian*
- *Developed and facilitated specialized service skill builders*
- *Part of the development team of the Standards of Service*
- *Supported all system wide Service Excellence initiatives*

**Clarian Health Partners, Indianapolis, IN**

**08/99-06/01**

**Service Excellence Specialist**

- *Supported Service Excellence management in developing and implementing service excellence initiatives at Clarian*
- *Developed, implemented and maintained electronic distribution of patient satisfaction data system wide*
- *Helped develop and implement a system wide service recovery program*

**Clarian Health Partners, Indianapolis, IN**

**12/97-08/99**

**Call Center Administrative/Training Coordinator**

- *Trained call center staff on all procedures, existing and new*
- *Provided orientation for new call center staff*
- *Assured accuracy of physician and consumer database*
- *Triaged calls from consumers and physicians to facilitate referrals to Clarian physicians*
- *Monitored call volume and worked with management on ways to increase it*
- *Collaborated with Corporate Communications staff on advertising and awareness campaigns*
- *Kept manager apprised of all day-to-day call center activities*

*Center for Diagnostic Imaging, Indianapolis, IN 4/96-12/96*

*Administrative Assistant/Marketing Coordinator/Office Supervisor*

- *Called on area physicians to obtain new and additional referrals*
- *Organized and staffed booths at area trade shows*
- *Planned and hosted special promotional events such as open houses, facility tours, etc.*
- *Supervised 7 employees*

*Physiotherapy Associates, Indianapolis, IN*

*4/95-4/96*

*Director of Marketing/Public Relations*

- *Called on area physicians to obtain new and additional referrals*
- *Worked with management at 7 different locations to help improve referrals*
- *Designed and provided all marketing materials*
- *Worked on insurance contracting for all locations*

*ChoiceCare HMO, Cincinnati, Ohio*

*8/94-4/95*

*Care Coordinator I*

- *Worked in a call center environment to approve or deny requests for medical procedures and durable medical equipment*

*Indiana University Medical Center, Indianapolis, IN*

*7/93-7/94*

*Consumer Resource Coordinator*

- *Helped develop and start up the first consumer referral source for IUMC: IU On-Call consumer referral phone line (now Clarian On-Call)*
- *Trained new staff*
- *Coordinated with management to develop and implement program policies and procedures*

## **OTHER ACHIEVEMENTS**

*Presenter: Arbor and Associates National Conference Oct 2004*

*Presenter: 2<sup>nd</sup> Annual International Conference for Family-Centered Care Feb 2005*

*Executive Board Member for Reach Out and Read Indiana*

*Past member of American Association of Physician Liaisons*

## **RELATED ORGANIZATIONS**

*Member of American Telemedicine Association*

*Member of Indiana Telehealth Advisory Consortium*

**Todd R. Rowland, M.D.**

Director of Medical Informatics

Bloomington Hospital

P.O. Box 1149 Bloomington Indiana 47402

Phone: 812-353-4025

Email: [trowland@bloomhealth.org](mailto:trowland@bloomhealth.org) Web: [www.toddrowland.com](http://www.toddrowland.com)

**A. RELEVANT PROFESSIONAL PREPARATION**

- Post-doctoral Fellowship (1998), Medical Informatics Training Program, Harvard/MIT, Division Health Sciences & Technology, Harvard Decision Systems Group, Boston, MA
- PM&R Residency (1993), The Ohio State University Hospitals, Columbus, Ohio
- Transitional Internship (1990), Methodist Hospital, Indianapolis, Indiana
- M.D. (1989) Indiana University School of Medicine, Indianapolis, Indiana
- A.B. Biology (1985), Wahash College, Crawfordsville, Indiana

**B. APPOINTMENTS**

- Adjunct Faculty, 4/1/05 – Present – School of Library and Information Science, Indiana University
- Clinical Assistant Professor, 8/1/98–Present - Dept of PM&R, Indiana University, Indianapolis, IN
- Director of Medical Informatics, 2003–Present –BHHS, Bloomington, IN

**C. SELECTED PUBLICATIONS**

- Rowland TR; Ohno-Machado L; Ohm A (1998). Comparison of Multiple Prediction Models for Ambulation Following Spinal Cord Injury, Abstract for *American Medical Informatics Association (AMIA) Annual Symposium*. Orlando, FL, USA, Nov. 7-11.
- Ohm A; Ohno-Machado L; Rowland TR (1998). Building Manageable Rough Set Classifiers, Abstract for *American Medical Informatics Association (AMIA) Annual Symposium*. Orlando, FL, USA, Nov. 7-11.
- Rowland T, Craig E: Computer Use and Applications for Physicians (1995). *The Journal of Back and Musculoskeletal Rehabilitation* 7:67-71.
- Guest Editor for Special Issue: Agitation in Brain Injury (1995). *Neurorehabilitation* 1995;5(4).
- Rowland T, DePalma L (1995). Current Neuropharmacologic Interventions for the Management of Brain Injury Agitation *Neurorehabilitation* 1995;5(4).

**D. RELATED ACTIVITIES**

- Member, Functionality Working Group, **The** Certification Commission for Health Information Technology [www.cchit.org](http://www.cchit.org) (2004–present)
- Member, Working Group on Health Information Technology (HIT) in Small and Medium Practices, E-Health Initiative [www.ehealthinitiative.org](http://www.ehealthinitiative.org) (2004–present)
- Member, HIMSS Ambulatory Care Task Force, [www.himss.org](http://www.himss.org) (2005–present)
- Member, Executive Committee Monroe-Owen County Medical Society [www.mocms.org](http://www.mocms.org) (2005–present)
- Member, Medical Executive Committee Bloomington Hospital Medical Staff (2004–present)
- Member, Executive Committee, Multi-County Physician Group affiliated with SIHO (2005–present)

**E. GRANTS AND AWARDS**

- National Science Foundation
- #H133 N50015 Special Projects & Demonstrations for Spinal Cord Injuries, MCV Spinal Cord Injured (SCI) Model System, U.S. Dept of Education (NIDRR) 1995-2000 Co-investigator
- SSA RFP #95-2473 -Review and Analysis of the Literature, Pertaining to Systems, Methods, and Instruments for Functional Assessments for Disability/Rehabilitation/Employment Programs, WWW Subproject (1995)
- Best Paper, Fellow Division, Association of Academic Physiatrists Annual Meeting, San Antonio, TX

**E. COLLABORATORS & OTHER AFFILIATES**

- Collaborators: J.Hill – Indiana University, J.Mostafa –Indiana University, P.Basch – E-Health Initiative Washington D. C. , M.Leavitt – Certification Commission for Health Information Technology Chicago IL, C. Brown – Strategies For Tomorrow Indianapolis IN, P.Wise – HIMSS EHR Initiative
- Former Faculty Advisor: L.Ohno-Machado – Harvard University Boston MA

# Erik Southard

1910 N. 9<sup>th</sup> St. ♦ Terre Haute, IN ♦ 47804 ♦ (812) 236-9579 ♦ [esouthard@uhhg.org](mailto:esouthard@uhhg.org)

**Objective** *A self-motivated, results driven, family nurse practitioner and project director with demonstrated success in leadership, project management and provider relations looking for a challenging position in a new environment.*

## Education **M.S.N. Family Nurse Practitioner**

Indiana State University ♦ Terre Haute, Indiana ♦ GPA 3.9 ♦ December, 2003

### **B.S. in Nursing**

Indiana State University ♦ Terre Haute, Indiana ♦ GPA 3.80 ♦ May, 2000

### **A.D. in Nursing**

Vincennes University ♦ Vincennes, Indiana ♦ GPA 3.85 ♦ May, 1999

**Certifications** ♦ Registered Nursing Licensure for IN and NY ♦ Authorized Nurse Practitioner with Prescriptive Authority granted by the Health Professions Bureau ♦ ANCC certified

## Work Experience

### **Director of Special Projects** ♦ Lugar Center for Rural Health ♦ Terre Haute, IN ♦ February, 2004-*Present*

♦ Implemented *RuralConsult.com*, a store and forward telemedicine technology, into Critical Access Hospitals and the primary care provider practices affiliated with those hospitals under grant from the Indiana State Office of Rural Health, Indiana State Department of Health. Served as the grant administrator for the project with responsibilities for grant writing, budget management, and reporting. Other duties include grant writing, supervision of chronic disease management programs, development and implementation of an employee wellness program for diabetics, supervision of quality improvement and data acquisition initiatives for grant related projects, and supervision of student labor. Serving as director of live telemedicine initiatives for Union Hospital Health Group.

### **Family Nurse Practitioner** ♦ St. Ann Clinic ♦ Terre Haute, IN ♦ March, 2004-*Present*

♦ Collaborate with members of the multidisciplinary team to provide care to indigent patients suffering from chronic diseases as well as those who report with acute complaints. Also responsible for assisting the clinic in writing grant proposals and finding funding to allow the clinic to continue to provide care.

### **Family Nurse Practitioner** ♦ Vigo County Correctional Facility ♦ Terre Haute, IN ♦ *Present*

♦ Work with members of the facility staff to provide care to inmates suffering from chronic diseases as well as those who report with acute complaints.

### **Intensive Care Clinical Instructor** ♦ Indiana State University ♦ Terre Haute, IN ♦ May, 2004-December, 2004

♦ Provided supervision to students from the college of nursing in the clinical setting. Establish a clinical environment that allows students to build on concepts learned in the classroom setting and gain hands on training to promote the mastery of nursing clinical skills.

### **Wilderness Camp Nurse** ♦ Racquette Lake Boys Camp ♦ Racquette Lake, NY ♦ July, 2004-August, 2004

♦ Provided acute medical care to summer camp head staff, counselors, campers, and visitors. Responsible for administering necessary medications and for the management of all health conditions on campus. On call 24 hours/day 7 days per week.

### **Registered Nurse** ♦ Union Hospital Health Group ♦ Terre Haute, IN ♦ June, 1999-February, 2004

♦ Served Union hospital as an intensive care float nurse providing care to patients at all levels of acuity. Served as support staff to cover nursing shortages in the medical, surgical, and coronary care units.

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## Work Experience

**Graduate Fellow** ♦ Midwest Center for Rural Health • Terre Haute, IN • \*August, 2003-December, 2003

- Worked as a clinical outcomes analyst for the center's chronic disease management program. Other duties included monitoring of protocol compliance and publishing results of secondary data analysis.

**Registered Nurse** • Union Hospital Health Group • Terre Haute, IN • 1999–June, 2002

- Served as a member of registered nursing float pool, covering nursing shortages throughout the hospital. Provided nursing care to patients in oncology, rehab, orthopedics, neurology, urology, and medical surgical units.

**Medical Research Consultant** ♦ Wound Healing Center ♦ Terre Haute, IN • \*January, 2002-January, 2003

- Research coordinator for four national research projects. Responsible for recruiting subjects, following pre-established protocols, and monitoring on-site ethics. Completed wound assessments, TCPO2 measurements, and ankle brachial indexes.

**Vaccination Technician** • Swartzentruber Farms • Odon, IN ♦ 1997-1999

- Responsible for managing vaccinations of 5,000 head swine operation. Provided vaccinations and monitored health status of the herd.

## Internship Experience

**Student Nurse Practitioner** ♦ Indiana State University • Terre Haute, IN ♦

- ♦ Learning and mastery of basic and advanced assessment techniques to be utilized in the family nurse practitioner role to provide care to patients of all ages. Participation time 250 hours.

**Student Nurse Practitioner** ♦ Clark County Family Medicine • Martinsville, IL \*

- Provided care to patients of all ages in a rural family practice setting under the supervision of Theresa Hershfield FNP-C and Dr. Dave Davis. Observation/Participation time 500 hours.

**Student Nurse Practitioner** • AP & SOBGYN ♦ Terre Haute, IN •

- Observed Dr. Robert Lalouche as he provided care to patients in need of obstetric and gynecological services related to pregnancy and women's health issues. Observation time 50 hours.

**Student Nurse Practitioner:** AP & S Pulmonology ♦ Terre Haute, IN •

- Observed Dr. Lawrence Dultz as he provided care to patients in hospital and office settings. Observation time 50 hours.

**Student Nurse Practitioner** ♦ Howard Community Hospital Mental Health Services ♦ Kokomo, IN \*

- Observed staff members as they provided counseling and other behavioral health services to patients in need. Observation of dialectical behavioral therapy, bipolar group therapy, alcohol and drug addiction therapy, emergency and crisis suicide intervention, immediate and emergency detention processes. Observation/Participation time 50 hours.

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## Wants

- *St. Ann Clinic*  
Supervisor: Sister Joan Slobig, Providence Self Sufficiency Ministries  
Wabash Valley Community Foundation, Inc  
Role: Co-grant writer  
Funded \$12,500 (April 05-March 06)
- *Union Hospital Midwest Center for Rural Health*  
Supervisor: Sarah Snider, MBA  
HHS Residency Training and Primary Care Grant (Title VII Federal Funding)  
Role: Co-grant writer  
Funded \$550,800 (July 05-June 08)
- *Union Hospital Midwest Center for Rural Health*  
Supervisor: Sarah Snider, MBA  
Indiana State Department of Health Rural Hospital Flexibility Grant Program  
Role: Lead grant writer  
Funded \$53,707 (September 2004-August 2005)
- ♦ *Union Hospital Midwest Center for Rural Health*  
Supervisor: Sarah Snider, MBA  
Indiana State Department of Health Rural Hospital Flexibility Grant Program  
Role: Lead grant writer  
Funded \$60,000 (September 2005-August 2006)
- ♦ *Union Hospital Richard G. Lugar Center for Rural Health*  
Supervisor: Sarah Snider, MBA  
Indiana State Department of Health Tobacco Settlement Community Health Center Operating Grant  
Role: Co-grant writer  
Funded \$350,000 (June 2006-July 2007)
- *Union Hospital Richard G. Lugar Center for Rural Health*  
Supervisor: Sarah Snider, MBA  
Indiana State Department of Health Rural Hospital Flexibility Grant Program  
Role: Lead grant writer  
Funded \$60,000 (December 2006-August 2007)
- *Union Hospital Richard G. Lugar Center for Rural Health*  
Supervisor: Sarah Snider, MBA  
Indiana State Department of Health Rural Hospital Flexibility Grant Program  
Role: Lead grant writer  
Funded \$150,000 (December 2006-August 2007)
- *Union Hospital Richard G. Lugar Center for Rural Health*  
Supervisor: Sarah Snider, MBA  
Indiana State Department of Health Rural Hospital Flexibility Grant Program  
Role: Lead grant writer  
Funded \$70,000 (December 2006-August 2007)

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- *Union Hospital Richard G. Lugar Center for Rural Health*  
Supervisor: Sarah Snider, MBA  
Indiana State Department of Health Tobacco Settlement Community Health Center Operating Grant  
Role: Co-grant writer  
Funded \$350,000 (June 2007-July 2008)

## Professional Memberships

- American Nurses Association • Sigma Theta Tau National Nursing Honor Society • Indiana Rural Health Association • National Rural Health Association • American Association of Nurse Practitioners •

## Honors

- ♦ Clarian Health Scholarship\* Dr. Norbert Welch Scholarship\* Todd Beasley Memorial Scholarship\* Dean's List 14 Consecutive Semesters\* Nominated to National Honor Key Society\*  
Helen Boswell Robinson Nursing Scholarship ♦ ISU School of Nursing Leadership Scholarship\*  
Midwest Center for Rural Health Graduate Fellowship\*

## Presentations

- ♦ 2004 Indiana Rural Health Association Conference on Telemedicine ♦ 2004 Indiana Primary Health Care Association Conference on Chronic Disease Management • 2005 National Rural Health Association on Chronic Disease Management • 2005 Sigma Theta Tau Research Conference on Chronic Disease Management in Indigent Populations • 2005 Indiana Rural Health Association (IRHA) Conference on Chronic Disease Management \*March 2006 Testified to Indiana State Medicaid Office at Telemedicine Hearing ♦ 2006 Illinois Rural Health Association Conference on Chronic Disease Management and Implementation of Electronic Medical Records in Primary Care • November 2006 IRHA Critical Access Hospital Forum on "Selecting an Electronic Medical Record" ♦ November 2006, Northern Indiana Education Foundation on Chronic Disease Management and Electronic Medical Record Utilization" ♦ January 2007 Indiana Primary Health Care Association Chronic Disease Management and Electronic Medical Record Utilization" ♦ IRHA Conference January 2007 "The Future of Healthcare Delivery: Telemedicine" ♦ American Heart Association Conference April 2007 "Telemedicine: What Does the Future Hold?" \*

## Publications

- Masters Thesis "The Effectiveness of Chronic Disease Management for People with Diabetes Mellitus" \*

## Computer Skills

- Descriptive and inferential statistics ♦ Centricity • Centricity Reports • SPSS • Microsoft Office •

## Extracurricular

- Intramural and Collegiate Athletics 1999-2002 • Hiking • Camping • Kayaking • Hunting • Fishing •  
• Certified in Seoul South Korea to teach Dr. Paul Lam's Tai Chi for Diabetes •



# Erik Southard

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## Volunteer Work

\*Provider of care at St. Ann Clinic • Organize fund raising events for American Diabetic Association's Tour de Cure 2004, 2005 and 2006 • Member of Union Hospital Diabetic Education Center Advisory Board • Member of Health Care Excel's Physician Practice quality Initiative Advisory Committee • Vice-chairman Telehealth Advisory Consortium • Volunteer mentor for big brothers big sisters •

## Mission Trips

\*Accompanied a team of orthopedic surgeons to Nicaragua (2005), Cuba (2006), and Guatemala (2007) to assist with pre-operative evaluation and nursing care for hip knee and ankle surgeries •

## References

- Available upon request.